

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541200

FILING DATE

APPLICANT(S)

7/5/05 CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1	1	1		1
4		2		1		1
5		2		1		1
6				1		1
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TOTAL IND.		↓	2	↓	2	↓
TOTAL DEP.	←		4	←	4	←
TOTAL CLAIMS		6		6		6

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY